אינה מלונל	07	THE DIVISION OF HE	ALTH OF MISSOUR	น	DCPC A
FILED AUG	29 195 5	STANDARD CERTIF	FICATE OF DEA	TH State File No	26764
BIRTH NOT		_ REG. DIST. NO. 162	PRIMARY REG. DIST. N	10. <u>5595 Registrar's No.</u>	<i>18</i> -3
1. PLACE OF DEA	TH FFERSO	. N	a. STATE MO	NCE (Where decased lived. If in b. COUNTY	stitution: residence bef admissio
b. CITY (If outside cor OR TOWN A K			c. CITY OR TOWN S.T. 人	0015 d. is Re	sidence within limits of or incorporated town?
d. FULL NAME OF OR HOSPITAL OR INSTITUTION	If not in hospital or i	nstitution, give street address or location) DBEACH RO	STREET 8400	(If rural, give location) OMINNESOTA	201
3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	J b. (Middle)	c. (Last) BECK	4. DATE (Month) OF DEATH CLOSE	(Day) (Year) 77 /955
Male 6	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Manual	8. BATE OF BIRTH	9. AGE (In years of these last birthday)	Days Hours Min
102 USUAL OCCUPATION OF THE PROPERTY OF THE PR	N (Give kind of work as life, even if retired)	DUSTRY	BELGIUN	y and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
3a FATHER'S NAME	beck.	13b. Wither's MAIDE	N NAME	14. MANE OF HUSBAND OR WIT	FE
I5. WAS DECEASED EVE (Yes, no, or unknown) (II	R IN U.S. ARMED		alma Ush	ck 8400 Min	ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	condition MEDICAL MEDICAL MEDICAL	CERTIFICATION	oxide.	INTERVAL BETWEE ONSET AND DEATH
*This does not mean the mode of dying, such	ANTECEDENT C	J 1	vilide	,	
as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	rize to the above the underlying co	us, if any, giving DUE TO (b) cause (a) stating use last. DUE TO (c)		·	
tion which caused death.	Conditions contri	FICANT CONDITIONS ibuting to the death but not are or condition causing death.			
19a. DATE OF OPERA- TION		IDINGS OF OPERATION			20. AUTOPSY?
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.)		OWNSHIP) (COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
22. I hereby certify to	hat I attended	the deceased from and that depath occurred at		e causes and on the date state	st saw the deceas ed above.
23a. SIGNATURE	Ware	W. M. B. (Degree or title)		r Lice. mo	23c. DATE SIGNE 8/18/50
24a. BURIAL, CREMA TION, REMOVAL (Specify	24b. DATE 2004.70	195.5 S. Veter &	Paul	Ad. LOCATION (City, town, or cou	0
DATE REC'D BY LOCAL REG	REGISTRAR'S	SIGNATURE 43	JOS. P. FENI	DLER JR. 7128 MIC	HIGAN .
7		(Licensed Embalmer's	Statement on Reverse Side)	2.0

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORG, MISSOURI

DATE RECEIVED

AUG 24 1955

AUG 24 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

rking under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No. 30

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Full of the above constitutes grounds for revocation of license).

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.